

# COVID-19 Best Practice Information: State, Local, Tribal and Territorial Governments: 9-1-1 Call Centers

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## Background

- This document describes strategies for state, local, tribal, territorial governments to best prevent and manage overwhelmed 9-1-1 emergency call centers.
- The following is a list of key findings and considerations as they relate to ongoing coronavirus (COVID-19) pandemic response operations across the country. These are best practices for consideration, and they do not constitute and should not be considered as guidance in any way.

## Key Considerations

- During a response to a large-scale pandemic, like the COVID-19 outbreak, a community's 9-1-1 and healthcare systems will experience a surge in calls for care, advice, and information that may overwhelm the community's capacity to respond to emergencies.
- In addition to messaging alternative call lines for non-emergency queries to the public, communities can keep 9-1-1 call centers from getting overwhelmed by implementing triage strategies, increasing staff capacity, and coordinating with agencies to divert non-emergency calls to alternative call centers.
- FEMA hosted a PrepTalk with Dr. Sheri Fink on compounding issues around 9-1-1 call centers in this [video](#), starting around the 15 minute mark, and also highlighted on page 4 of the corresponding [Discussion Guide on Triage, Ethics, and Operations: Healthcare Emergency Preparedness and Response](#).

## Lessons Learned Related to COVID-19 Operations in 9-1-1 Call Centers

### Public Messaging

- **Potential Best Practice:** Disseminate information to members of the public directing them not to call 9-1-1 unless it is an emergency. Provide information on accessing 3-1-1, 2-1-1, mental health hotlines, animal



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control, and other 24-hour community service help lines.<sup>1 2</sup> Find more information from the Centers for Disease Control and Prevention (CDC) on decreasing emergency call volume during a large-scale outbreak, [here](#).

- **Potential Best Practice:** Encourage the use of telehealth and telemedicine options to consult with a physician for non-emergency health concerns, including to screen for COVID-19 symptoms.<sup>3</sup>

## Coordinating Emergency Calls

- **Potential Best Practice:** Establish a coordinated call center system to divert non-emergency calls from a community's 9-1-1 system, and non-critically ill patients away from the emergency healthcare system. A coordinated call center system allows multiple agencies and organizations to share the high load of calls during a pandemic by integrating components of those organizations such as call centers, information lines, and crisis centers.<sup>4</sup> For example, when a resident calls 9-1-1, an operator in the coordinated call center will have the ability to transfer that call to the appropriate responding agency. Find a complete call center coordination implementation plan from the CDC [here](#).
- **Potential Best Practice:** Manage and direct the “worried well” (those who are calling for information or non-emergency advice) to a non-emergency, non 9-1-1 call queue as quickly as possible to prevent 9-1-1 system overload.<sup>5</sup>
- **Potential Best Practice:** Establish a call center devoted to COVID-19-related inquiries to alleviate call volume from 9-1-1 operators. Multiple jurisdictions have established call centers for residents to request resources and ask questions related to COVID-19.<sup>6 7</sup>
  - The National 9-1-1 Program has a webinar entitled, What EMS and 911 Need to Know About COVID-19 and other resources that can be accessed [here](#).
- **Potential Best Practice:** Route non-violent service calls directly to police officers, rather than 9-1-1 operators, to allow them to address calls like a bike or package theft over the phone without sending out a responding

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<sup>1</sup> 2009 CDC, Managing Calls and Call Centers during a Large-Scale Influenza Outbreak: Implementation Tool, <https://www.cdc.gov/h1n1flu/callcenters.htm>

<sup>2</sup> 2007 U.S. Department of Transportation (DOT), Recommendations for Protocol Development for 9-1-1 Personal and Public Safety Answering Points (PSAPS),

[https://www.ems.gov/pdf/preparedness/Resources/Pandemic\\_Influenza\\_Recommendations\\_For\\_911\\_And\\_PSAPS.pdf](https://www.ems.gov/pdf/preparedness/Resources/Pandemic_Influenza_Recommendations_For_911_And_PSAPS.pdf)

<sup>3</sup> 2020 CDC, Phone Advice Line Guidelines for Children or Adults with Possible COVID-19,

<https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/>

<sup>4</sup> 2009 CDC and Division of Healthcare Quality Promotion, Coordinating Call Centers for Responding to Pandemic Influenza and Other Public Health Emergencies,

<https://www.cdc.gov/cpr/readiness/healthcare/documents/FinalCallCenterWorkbookForWeb.pdf>

<sup>5</sup> 2007 U.S. DOT, Recommendations for Protocol Development for 9-1-1 Personal and Public Safety Answering Points (PSAPS),

[https://www.ems.gov/pdf/preparedness/Resources/Pandemic\\_Influenza\\_Recommendations\\_For\\_911\\_And\\_PSAPS.pdf](https://www.ems.gov/pdf/preparedness/Resources/Pandemic_Influenza_Recommendations_For_911_And_PSAPS.pdf)

<sup>6</sup> 2020 WDBJ7, Bedford County opens call center for coronavirus resources, <https://www.wdbj7.com/content/news/Bedford-County-opens-new-call-center-for-coronavirus-resources-569229001.html>;

<sup>7</sup> 2020 Times News, Southwest Virginia health districts activate COVID-19 call centers, <https://www.timesnews.net/Health-Care/2020/03/28/Southwest-Virginia-health-districts-activate-COVID-19-call-centers>

squad. For example, the Minneapolis Police Department is taking non-emergency calls at a new call center to decrease demand on 9-1-1 dispatchers and prevent the spread of COVID-19 to police officers.<sup>8</sup>

## Staffing and Personnel

- **Potential Best Practice:** Identify alternative personnel (e.g., retirees, former employees, staff from other departments) to augment call center staff and to answer non-emergency calls to free up trained staff and supervisors to answer critical 9-1-1 calls.<sup>5</sup>
- **Potential Best Practice:** Maintain continuity of operations for the call center by implementing mechanisms to allow call center personnel to travel to work when faced with restricted travel laws, isolation/quarantine, or security measures.<sup>5</sup>
- **Potential Best Practice:** Determine staffing levels based on call volumes. While the National Emergency Number Association ([NENA](#)) recommends that staffing should always be based on call volume, it is especially important for 9-1-1 call centers to calculate patterns in call volume during the COVID-19 outbreak and staff accordingly.<sup>9</sup>

Topics for the “Best Practices” series are generated from crowd sourced suggestions. Have an idea? Let us research it! Organizations and individuals can e-mail best practices or lessons learned to [fema-cipsupport@fema.dhs.gov](mailto:fema-cipsupport@fema.dhs.gov).

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<sup>8</sup> 2020 Fox 9, Minneapolis police officers to handle non-emergency calls at new call center, <https://www.fox9.com/news/minneapolis-police-officers-to-handle-non-emergency-calls-at-new-call-center>

<sup>9</sup> 2003 NENA, PSAP Staffing Guidelines Report, [https://www.nena.org/general/custom.asp?page=PSAP\\_StaffingGuide](https://www.nena.org/general/custom.asp?page=PSAP_StaffingGuide)